

YELLOW - DEPARTMENT

APPLICATION FOR SICK LEAVE ☐ or INJURY PAY ☐

<div style="display: flex; justify-content: space-between;"><div>NAME</div><div>FIRST</div><div>LAST</div></div>		INSTRUCTIONS: IF ABSENT FOR MORE THAN THREE WORKING DAYS, A DOCTOR'S CERTIFICATE CONTAINING THE FOLLOWING INFORMATION IS REQUIRED: 1. STARTING AND ENDING DATES OF ABSENCE. 2. NATURE OF ILLNESS OR INJURY. 3. WHETHER OR NOT THE APPLICANT WAS ABLE TO WORK. NOTE: SICK LEAVE CERTIFICATION (FORM CBP 157) MAY BE COMPLETED BY YOUR DOCTOR TO VERIFY YOUR ABSENCE. IT CAN BE OBTAINED FROM YOUR PAYROLL CLERK.
ADDRESS		
TITLE	PENSION NUMBER	
DEPT/DIV.		
PERIOD ABSENT FROM WORK: (IF LESS THAN ONE FULL WORKING DAY, COMPLETE LINE 2. BELOW)		
MONTH DAY YEAR MONTH DAY YEAR		
1. FROM _____ THRU _____		NUMBER OF WORKING DAYS ABSENT _____
MONTH DAY YEAR		
2. PARTIAL DAY ABSENCE _____ FROM _____ : _____ TO _____ : _____		
NUMBER OF HOURS _____		
NATURE OF ILLNESS OR INJURY: _____		
DID YOU REMAIN IN YOUR HOME DURING THE FULL PERIOD OF ILLNESS OR INJURY, INCLUDING EVENING HOURS , EXCEPT FOR VISITS TO THE DOCTOR? YES <input type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS NO, EXPLAIN BELOW _____		
DID YOU RECEIVE MEDICAL ATTENTION FROM A DOCTOR DURING THE ABOVE PERIOD? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DOCTOR'S NAME _____		ADDRESS _____
DID YOU NOTIFY YOUR SUPERIOR IN ACCORDANCE WITH YOUR DEPARTMENTAL REGULATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<div style="display: flex; align-items: flex-start;"><div style="border: 1px solid black; padding: 10px; width: 30%; margin-right: 20px;">FALSE OR MISLEADING STATEMENTS WILL BE CONSIDERED CAUSE FOR SUSPENSION OR DISCHARGE.</div><div style="width: 70%;"><p style="margin-top: 0;">THE ABOVE STATEMENTS ARE TRUE AND CORRECT:</p><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="text-align: center;">APPLICANT'S SIGNATURE _____</div><div style="text-align: center;">DATE _____</div></div></div></div>		

THIS SECTION FOR DEPARTMENTAL APPROVAL

I HAVE REVIEWED THIS APPLICATION FOR ACCURACY AND
COMPLETENESS AND PAYMENT IS APPROVED:

SIGNATURE _____

DATE _____